PTO/SB/21 (U9-04)

		U.S. (1	A 11 C	SUGH 07/31/2006, OMB 0551-0031 DEPARTMENT OF COMMERCE	
Under the Paperwork Reduction Act of 19	Application Number	10/644,549	ction of Information unless it displays a valid OMR cont 10/644,549				
TRANSMITTAL		Filing Date	19 August 2				
FORM	First Named Inventor	Lynn T. Amonelli of al.					
PORtin		Art Unit					
	لد ماله م	Examiner Name					
(to be used for all correspondence after init	ar nangy	Attorney Docket Number	84454			· · · · · · · · · · · · · · · · · · ·	
Total Number of Pages in This Submission							
	ENC	LOSURES (Check at	I that apply		After All	owance Communication to TC	
Fee Transmittal Form Fee Attached Amendment/Repty After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statemen Certified Copy of Priority Document(s) Repty to Missing Parts/ Incomplete Application Repty to Missing Parts	Rem	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Garks	Address	H	Appeal (Appeal (Appeal Propriet	Communication to Board als and Interferences Communication to TC Notice, Brief, Reply Srief) ary Information	
under 37 CFR 1.52 or 1.5							
SIG	NATURE	OF APPLICANT, ATT	ORNEY,	DR AG	ENT		
Firm Name Naval Undersea War	are Center	·					
Signature muchael							
Printed name Michael F. Oglo							
Date 23 Febru	Reg NO						
I hereby certify that this correspondence sufficient postage as first class mail in a the date shown below:	CERTII	FICATE OF TRANSMI	PTO or deno	etted with	h the Un c 1450, /	ited States Postal Service with Alexandria, VA 22313-1450 on	
	hael	F. Oglo					
Typed or printed name Michael F. C					Date	23 February 200	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form antifor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)

PTO/SB/17 (12-04/2)
Approved for use through 07/31/2086, OMB 0651-0032
Approved for use through 07/31/2086, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTNEET OF COMMERCE
U.S. Patent and Trademark Office; U.S. DEPARTNEET OF COMMERCE
work Reduction Act of 1995, no nersons are necessarily to respond to a collection of information unless it displays a valid OMS control number

Effective on	Complete if Known											
Fees pursuant to the Consolidated A	Application Numb	Application Number 10/644,549										
FEE TRA	Filing Date	Filing Date 19 Augus										
For FY 2005			First Named Inve	First Named Inventor Lynn T. An								
	Examiner Name											
Applicant claims small entit	Art Unit											
TOTAL AMOUNT OF PAYMEN	MENT (\$) 130.00		Attorney Docket	No. 84454	القائد والمناف والمعارب والمعار							
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 14-0590 Deposit Account Name: NUWC												
For the above-identified	deposit acc	ount, the Director Is	hereby authorized to:	(check all that appl	y)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filing fee												
Charge and additional feets) or underpayments of fee(s) Credit any overpayments												
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card												
WARNING: Information on this for Information and authorization on F	m may beco TO-2038.	me public. Creak card	THO IMPORTANCE TO									
FEE CALCULATION												
1. BASIC FILING, SEARCH	, AND EX	AMINATION FEE	S			l						
	FILING FE	ES SE all Entity	ARCH FEES Small Entity	EXAMINATION Small	entity							
Application Type F		Fee (\$) Fee	e (\$) Fee (\$)	Fee (\$) Fee		es Paid (\$)						
	_	150 50	250	200 100	· <u>·</u>							
Design	200	100 10	00 50	130 65	· —							
Plant	200	100 30	00 150	160 80) <u> </u>							
Reissue	300	150 50	00 250	600 300)							
Provisional	200	100	0 0	0 (-							
2. EXCESS CLAIM FEES				6	<u>Small</u> 89 (\$) Fee	Entity (\$)						
Fee Description Each claim over 20 (including Reissues) 50												
Each claim over 20 (inc Each independent claim		00										
Multiple dependent clair		-	80									
	ctra Claims	Fee (\$)	Fee Paid (\$)		uitiple Depende ice (\$) F	nt Clairing se Paid (\$)						
- 20 or HP = HP = highest number of lotal cla	Ima paid for	if ometer then 20.			· ·	<u> </u>						
Indep. Claims	ctra Claims	Fee (\$)	Fee Pald (\$)									
- 3 or HP = HP = highest number of indepen		I										
		ceed 100 sheets of	f paper (excluding 6	electronically file	ed sequence or	computer						
listings under 37 CFR sheets or fraction ther	1.52(e)),	the application siz	(C) and 37 (FR 1 1	PISO TOL STEWN CH	inty) to cacif	ACCIMIONIE SU						
sheets or fraction ther	eor. See . utra Shee	8 Number of	LOSCAL SCHOOLSOUR ON A	ALLINCIAN THE EN	Fee (5)	Fee Paid (\$)						
- 100 =		/50 =	(round up to a	whole number) x								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): Terminal Disclaimer Fee 130.00												
SUBMETTED BY												
Signature much	MIF	Oglo	Registration No. (Attorney/Agent)	20464	Telephone 401							
Name (Print/Type) Michael F. C			1 Day of the stand		Date 2/3 1-	loceary 2003						

This collection of Information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.